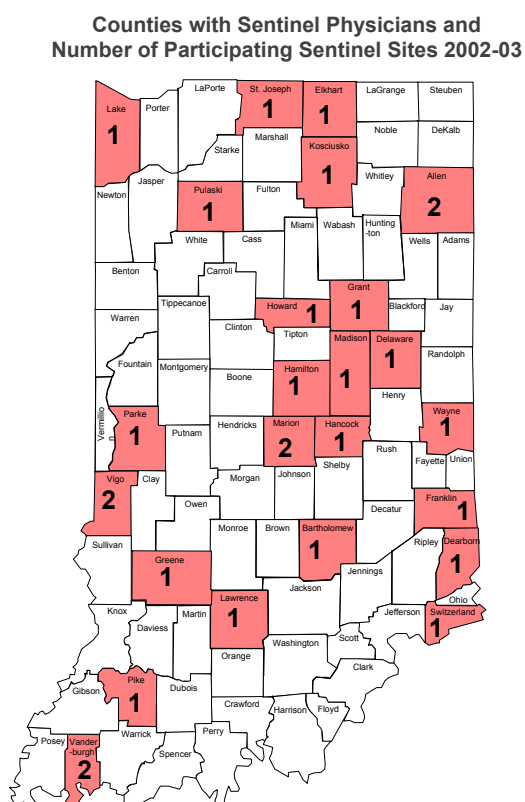


Indiana Influenza Surveillance 2002-2003

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Influenza surveillance during the 2002-03 influenza season was conducted in cooperation with the Centers for Disease Control and Prevention (CDC). Twenty-eight Indiana physicians, nurse-managed clinics, emergency rooms, immediate care facilities, and university student health centers volunteered to be sentinel physicians/sites. Sentinel reporting locations and number of participating sites are provided in Figure 1.

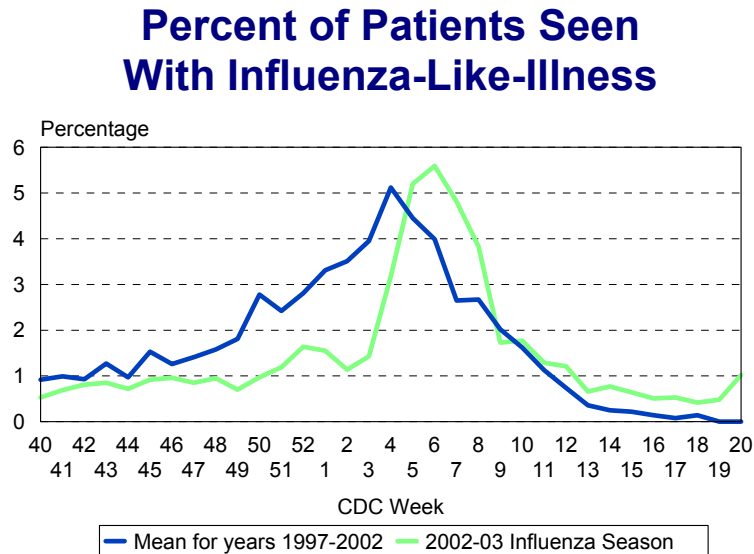
Figure 1.



Surveillance for the 2002-2003 influenza season began the week ending Saturday, October 5, 2002 and continued weekly through May 17, 2002 tracking the numbers of patients presenting for "influenza-like-illness" (ILI). CDC defines ILI for the purpose of surveillance as fever ($> 100^{\circ}\text{F}$ [37.8°C] oral or equivalent) and cough or sore throat (in absence of a known cause). In addition to tracking how many patients presented with ILI, participants reported the total number of patients, broken down by specified age groups. Sentinel sites compiled weekly reports and submitted them to the CDC repository via Internet, phone, or fax. Additionally, participants collected nasopharyngeal swabs from patients with ILI whose onset of classic clinical signs started within 72 hours of the appointment. The swabs were then sent to the Indiana State Department of Health (ISDH) Laboratories. The ISDH Laboratory conducted viral isolation and identification of influenza viruses by type and subtype. During the surveillance period, 164,880 patients visited sentinel sites of which 2,693 sought care for ILI. A health care facility that wishes to participate as sentinel physician should contact Shawn Richards at srichard@isdh.state.in.us.

Figure 2 depicts the findings for the percent of patients seeking care for ILI during the 2002-03 season, as well as a baseline of influenza-like illness for the previous five years.

Figure 2.

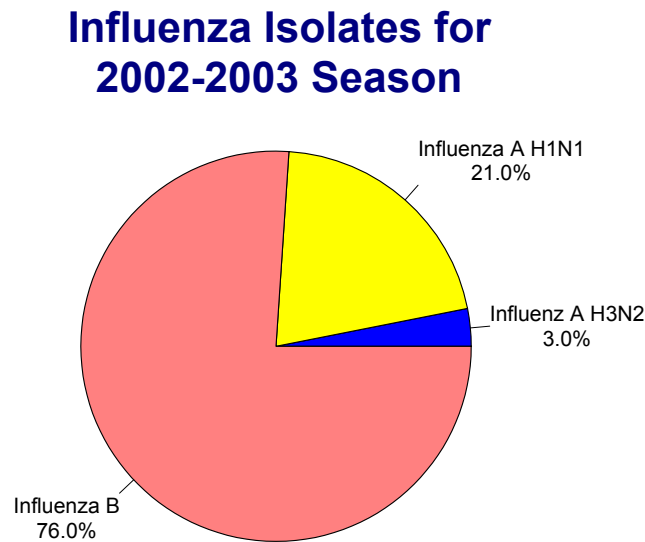


The index case occurred during the week ending 12/13/02. The specimen was typed as Influenza B/Hong Kong by the ISDH laboratories and was obtained from a resident of Clark County. The percentage of patients seen with ILI did not peak until the week ending 03/15/03.

Influenza A and B viruses were widely distributed throughout Indiana. Normally, the dominant virus is influenza A, however that was not the case for the 2002-2003 season. One hundred fifty-one (151) nasopharyngeal swabs from the sentinel physicians were submitted for testing to the ISDH Laboratory. Sixty-six (44%) of the 151 specimens submitted to the ISDH laboratory by the sentinel physicians tested positive for influenza. Fifty (76%) of the positive specimens submitted were sub-typed as Influenza B/Hong Kong. Fourteen (21%) of the positive specimens were sub-typed as Influenza A/H1N1. Two (3%) were sub-typed as Influenza A/H3N2. There was no Influenza C virus identified during the 2001-2002 season.

Figure 3 shows the percentages of sub-typed specimens by the ISDH laboratories.

Figure 3.



Influenza Vaccine for the 2003-04 season

The trivalent influenza vaccine components for the 2003-04 season will include:

- ❑ A/New Caledonia/20/99, H1N1
- ❑ A/ Panama/2007/99, H3N2 and
- ❑ B/ Hong Kong/330/2001

These viruses will be used in this year's vaccine because of their growth properties and their representativeness of the anticipated circulating influenza A and B viruses.

Influenza Vaccine Supply and Production

Vaccine manufacturers are projecting 93 million doses of vaccine for the 2003-2004 season. Although the projected number of doses is 8.5 million doses less than last year's total number of vaccine, 93 million doses far exceeds the number of doses of vaccine available for the 2001-2002 season. There are 3 manufacturers of the influenza vaccine licensed by the United States FDA. Two of the manufactures, Aventis and Powderject Vaccine (Evans) will produce the influenza vaccine in the injectable form. MedImmune will produce it in as an intranasal spray. The nasal spray will be a live vaccine and is not approved for children under five years old or for those individuals for which a live vaccine is contraindicated. The Vaccine Information Statement (VIS) for the new live intranasal vaccine is available on the Internet at www.cdc.gov/nip/publications/VIS/vis-flulive.pdf. The package insert is available at www.fda.gov/cber/label/inflmed061703LB.pdf. The CDC has contacted the influenza vaccine manufacturers and have indicated that 17.5% of the supply will be distributed by the end of August, 52.9% should be distributed by the end of September, 91.8% should be distributed by the end of October, and the remainder distributed by the end of November. Additional information about influenza and the influenza vaccine is available from the CDC at <http://www.cdc.gov/nip/flu/default.htm>.
